

Registration District No. 1074

Primary Registration District No. 6072

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Shannon
(b) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community for 4 years years, months or days 2

8. (a) PRAT FULL NAME

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Al Spencer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug 17-1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Stephen Brewer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Thomas

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ken Spencer

(b) Address Birch Tree Mo.

17. (a) Burial (b) Date thereof Nov 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birch Tree Mo.

18. (a) Signature of funeral director John F. Amman

(b) Address Northview Mo.

19. (a) 12-14-40 (b) Frank Hyde Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kansas (b) County Shannon
(c) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th year 1940 hour 9 minute 40 a. M.

21. I hereby certify that I attended the deceased from May 17-39 to Nov 19 1940
that I last saw her alive on Nov 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 18 mo

Due to _____

Due to 82 W

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

7-41 (Specify type of place) While at work? (e) Means of injury _____

23. Signature R. L. Davis (M. D. or other) I

Address Birch Tree Date signed 11/20/40

RECEIVED

District Health Officer No. 5.

District File Number. 146604

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No. _____

Signed: John T. Duncan

Licensed Embalmer No. 2516

P. O. Address 1014 Green Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.